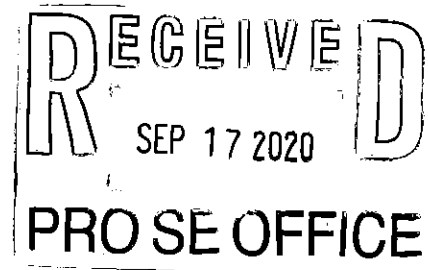


UNITED STATES DISTRICT COURT
SOUTHERN DISTRICT OF NEW YORK



-----X
OZAN WILLIAMS, 13A5036

Plaintiff

MEMORANDUM OF LAW

v.

DELTA BAROMETRE, SUPERINTENDENT
NEW YORK STATE DEPARTMENT OF
CORRECTION AND COMMUNITY
SUPERVISION.

Defendant(s).
-----X

PLAINTIFF'S MEMORANDUM OF LAW

Plaintiff Ozan Williams, respectfully submits this Memorandum of Law, to provide
Support for the requested intervention.

PRELIMINARY STATEMENT

The plaintiff Ozan Williams has been denied the assistance of the medical department on
an ongoing basis. This has been documented, since the initial head injury of August 27,
2008. As an injured party the plaintiff has addressed all holding venues (facilities) on some level

for help. The enclosed exhibits provide an outline of the responses and continued delay in action, as the Plaintiff's hearing becomes more prominently irreparable. These exhibits start from the actual injury of 2008 to the present of 2020. These injuries are long changing injuries, which can only be catered to and they are life long. There is no curing or operation that will result in the restoration of hearing loss to its initial status. The plaintiff has been seeking addressment and appointment of specialist, a sufficiently educated audiologist and frequent medical examinations. The results of the non-addressment has been continued deceleration of the capacity to hear. The space in treatment of a rapidly deteriorating ear drum has caused an elevating audiologist testing and ear hearing aids boost.

STATEMENT OF FACTS

The plaintiff's ear injury has been as an ongoing continued medical irreparable burden. The Prison staff non-addressment and procrastination has wavered an immediate professional medical assessment for the plaintiff leading to the present circumstances. The Temporary Restraining Order will preserve the status quo until there is an opportunity to hold a hearing on the application for a preliminary injunction which may be issued with or without notice to the adverse party. The issuance of the Temporary Restraining Order in this emergency procedure is appropriate where this is in need of immediate relief.

On August 27, 2008 while admitted to the University Hospital, the emergency nursing record provides the medical status of the plaintiff (Cop Assaulted) with head, face, abdominal, and both wrists injuries. While admitted there were examinations, CT scan, a consent form signed, an emergency physician record made identifying facial injuries lacerations through a drawn diagram, confirming a written statement stating (assaulted by cops). The emergency record physician order sheet of August 27, 2008 list the medications provided such as Acetaminophen, 1000 mg PO x1, and Tetanus and Diphtheria Toxoid 0.5 ml. There was a report made of a head assault and multiple contiguous axial images were obtained from the base of the skull to the vertex. There was an Audiogram made with the results 7/30/12. Of and about December 24, 2013 a notice of addressment for hearing aids was receipt confirmed, and forwarded to an additional party. August 26, 2013 the OTOhealth Hearing Aid Cen sent the hearing aids then sought permission on behalf of the plaintiff to keep his hearing aids in his possession at all time. April 2, 2015 The grievance filed was based upon the hearing aids malfunction and responded to by the grievance committee. April 15, 2015 the plaintiff went as far as to offer help to the hearing officer at a disciplinary hearing, the misbehavior report was because of the plaintiff inability to hear the given order and sanctioned because of it. The hearing officer was suppose to take into consideration, this physical handicap, and not only

based upon an announcement by the block officer, without the aid of the hearing officer, the announcement was irrelevant. May 13, 2020 the plaintiff received a notice from the Deputy Commissioner on the proper steps to execute a grievance and disregarding the misbehavior report issued because of the hearing disability and thereby disregarding his non-fault disability. May 4, 2020 the plaintiff received an additional notice of his request to remove the history of a misbehavior report findings from his record, based upon a hearing inability and the hearing aids being faulty.

supply a hearing and/or sign language person to interpret but review the plaintiff's background before the addressment of the hearing disposition to determine the status of his hearing ability. May 2, 2016 a grievance determination was issued of a hearing investigation and the plaintiff being at fault, and scheduled for a follow up "in the near future". May 10, 2016 a grievance appeal was returned to plaintiff as nongrievable. Upon non-compliance of the State the plaintiff December 5, 2016 grievance was issued, the results being the notice of a waiting list for his hearing aids, because they were not repaired yet. December 19, 2016 the facility medical staff refused to have the hearing aids repaired, which effects the plaintiff's ability to hear and follow orders of staff. November 3, 2016 The prior month a misbehavior report was written this disciplinary action was taken solely because of the plaintiff inability to properly hear, so the refusal of a direct order being followed, was really the inability to hear the order given, and then followed. March 4, 2016 the Regional Health Services Administrator provided a notice of an investigation without medical confirmation of the plaintiff's medical status. March 17, 2017 the plaintiff receives a copy of the letter from the Legal Aid Society written in his behalf for the broken hearing aids of months gone by and there was a given copy of the Clarkson v. Coughlin case a precedent setting case in the Southern District, which set the rights of the hearing impaired. January 18, 2017 a hearing notice was provided to plaintiff from Albany Central Office for new hearing aids. October 20, 2018 a misbehavior report was written based upon the plaintiff malfunctioning hearing aids and the misinterpreted permission given to be in the law library, this was taken as a false statement by the plaintiff, when he never heard correctly. April 3, 2018 the plaintiff addressed his appellate attorney and the false advocacy of the defense, when the plaintiff was deaf and unaware of the trial procedure in its entirety. March 3, 2017 the plaintiff grievance of "Needs Hearing Aids Fixed" was provided as notice received in Albany. March 19, 2014 COMPAS report states of all ambitious endeavors to get new hearing aids, batteries and Medicaid for new hearing aids. March 2, 2019 an identical report was written by the same officer describing the same issue (Count), and there was no change in the officer's understanding of the plaintiff's medical handicap and disability. September 20, 2019 a misbehavior report was written

ARGUMENT

Upon submittance of the enclosed information and it's specific facts this constitutes an immediate and irreparable injury, loss, and/or damage that has and will continue to result in deterioration medically to the movant before the adverse party can be heard in opposition thereby the plaintiff seeks an immediate injunction. See Fed.R.Civ.P.65(b).

The plaintiff is requesting an Order to Prison Officials for action to improve his medical condition of confinement based upon medical standing. Thereby the plaintiff is seeking an injunction/equitable relief.

1.The substantiated facts are immediate and medically noted, and there is constant irreparable injury acceleration without an injunction order of treatment. Which without doubt is necessary, (see medical assessment of enclosed exhibits). The holding in the case of Basank v. Decker 449 F.Supp.3d 205 (SDNY 2020) the Basank holding was based on the standard of health of the petitioners requesting. As here the petitioner has established his present status and the ongoing evasive inaction of the medical staff. This places the petitioner in harms way of no action of his own.

2.Of the sought required immediate medical attention and constant monitoring. Therewithout the injury doesn't heal itself, it continues to regress into a state of irreparable deterioration.

3.The plaintiff has been addressing the Prison Officials staff and there has been avoiding and procrastinating as the plaintiff condition gradually declines(see table of exhibits enclosed)

This case and its addressment for resolution is not a remedy of law circumstances such as monetary damages which would be inadequate to meet the immediate injury requirement.

There is a 99% chance the injury incurred will continuously deteriorate and digress, this is foreseeable without treatment.

4. The injuries are ongoing due to the pattern and customs of the Prison Officials. They

have procrastinated ,denied, and/or ignored the plaintiff, which is indifference. The plaintiff has provided for this court review exhibits substantiating the ongoing procrastination as the plaintiff hearing continuously digress.

5. The injury is substantial and irreparable there is no possibility of reinstating to the original condition before the injury. The specification of damages are readily.

6. The Temporary Restraining Order is the only way to immediately address and medically correct and prevent further damage as the digress continues.

7. These mentioned medical violative acts of the Prison Officials has caused future damage to the ability to hear correctly. The plaintiff relief in this prison situation is necessary to correct the violation of the civil rights of the plaintiff. See 18 USCA§ 3626(a)(1)

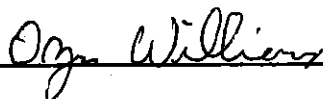
8. The plaintiff has clearly shown that immediate and irreparable injury damage/loss will result to this movant before the concluding of this court case, thereby the plaintiff seeks a Temporary Restraining Order. Pursuant to: Fed.R.Civ.P.65(b)(1).

CONCLUSION

The case is an exceptional and urgent situation. The granting before a hearing is urged, because of the ongoing immediate and irreparable injury loss and damage if a future hearing is commenced. This civil action with respect to prison conditions need extend no further, and to correct the harm would be least intrusive. See 18 USCA§ 3626(2)

Respectfully Submitted

OZAN WILLIAMS

A handwritten signature in cursive script, reading "Ozan Williams", is written over a horizontal line.

28 USC§1746

DECLARATION UNSWORN UNDER PENALTY OF PERJURY

Whenever, under any law of the United States or under any rules, regulation, order or requirement made pursuant to law matter is required or permitted to be supported, evidence established, or proved by the sworn declaration, verification, certificate, statement, oath or affidavit in writing of the person making the same, other than a disposition, or an oath of office, or an oath required to be taken before a specified official other than a notary public, such matter may, with like force and affect, be supported, evidence, established, or proved by the sworn declaration, certificate penalty of perjury and dated in substantially be following form:

I have served the enclosed papers to the following parties:

Preliminary Injunction/Temporary Restraining Order

Memorandum of law

Statement of Facts

Argument

Conclusion

Authorization

Declaration in Support of Request to Proceed Informa Pauperis

Request to Proceed Informa Pauperis

Declaration

Ozma Williams

Executed On

Ozan Williams

OZAN WILLIAMS

EXHIBITS

On numerous occasions the plaintiff was either denied, lead to believe, and/or there was intentional procrastination (on behalf of the State) to proceed with hearing aid addressment.

The following listing, is an itemize list of occurrences enclosed are the exhibits of specification:

August 27, 2008	Emergency Nursing Record(Trauma)
	CT Scan Assessment Form (Head injuries)
	Emergency Department Consent
	Emergency Physician Record (Head and Face injuries)
	Action Form (Police Assault
	Emergency Department Record (Ct Head)
	Clinical History (Head injuries post assault)
	Exit care patience information sheet
	Audiogram (Hearing level in decibels)
December 24, 2013	Hearing Aids request
August 26, 2013	OTO Health Hearing Center (Hearing Aids delivery)
April 2, 2015	Grievance determination(Issue forwarded)
April 28, 2015	Disciplinary hearing(Because of lack of hearing orders given)
December 19, 2016	The Legal Aid Society(Hearing aid repair addressment)
November 3, 2016	Disciplinary report (Because of lack of hearing order)
March 4, 2016	Prison Officials failure to address medical need.
March 13, 2017	The Legal Aid Society (Damaged hearing aids, not repaired)
January 27, 2017	Grievance filed (Hearing aids repaired-failure)
May 10, 2016	Appeal addressment of grievance
May 2, 2016	Grievance issue -(Hearing aids)
September 7, 2017	Grievance issue-(Hearing Aids)

January 16, 2018	Grievance issue-(Hearing Aids)
October 20, 2018	Misbehavior report (Lack of hearing -disciplinary sanctions)
April 3, 2018	Attorney letter of hearing aid disability during trial
April 10, 2018	Case Plan readout(Goal batteries and hearing aid)
March 2, 2019	Disciplinary report (Based on inability to hear)
June 4, 2019	Disciplinary report (Based on inability to hear)
May 13, 2020	Deputy Commissioner(Appeal disciplinary hearing-Hearing Aid issue)
May 4, 2020	Disciplinary hearing (Action taken, based upon hearing inability).

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06



EMERGENCY NURSING RECORD

Multiple Trauma (Notification)

DATE 8/27
 TRIAGE TIME 1114 I E U N
☐ ED ☒ UCC ☐ CEC

NAME: Williams, Ozan
 D.O.B.: 11/18/80 AGE: 39 M / F
 HISTORIAN: patient paramedic family
 ARRIVAL MODE: car EMS police PT under arrest
 facility notifies PTA

PCP: none
 IMMUNIZATIONS: current / referral
 tetanus 11/0 pneumovax

TREATMENT PTA see EMS report IV O₂ collar backboard
 fast blood glucose

VITALS
 BP 144/90 P 102 RR 20 temp 97.1 TM 0 R Ax
 SaO₂ 97.1 RA/O₂ 15 GCS 15

PAIN LEVEL current 4 / 10 max 10 acceptable 10
 scale used quality

CHIEF COMPLAINT PT states she was
 occurred just PTA assaulted
yesterday @ 8pm
 lost consciousness ambulatory at scene

INJURIES / PAIN
 head neck shldr hip shldr hip
 face back arm thigh arm thigh
 nose chest elbow knee elbow knee
 mouth abdomen leg leg leg leg
 coccyx wrist ankle wrist ankle ankle
hand foot hand foot foot
fingers toes fingers toes toes

MECHANISM
 GSW / stab wound
 hit by car
 motorcycle / bicycle / ATV

SAFETY
 none helmet safety glasses

ALLERGIES NKDA red meat
 drug - PCN / ASA / sulfa / latex / codeine / iodine
 food

MEDS none see med list

PAST MEDICAL HX negative asthma
 heart disease / HTN / diabetes / insulin
 past surgeries none

SOCIAL HX
 smoker ppd drugs alcohol
 TB exposure / symptoms
 has been physically hurt or threatened by someone close
 recent travel outside the US
 risk to fall
 LMP 1/1/18 P Ab pregnant / postmenop / hyst

RN Signature Melissa Kotwicz

WILLIAMS, OZAN 028Y
 MR# 000622207 DOB: 1/16/1980
 NO PRIVATE PHYSICIAN Adm: 8/27/08
 Acct# 011064241 (000) 000-0000

Acct#
 011064241

TIME TO ROOM: 1130 ROOM: Ph
 INITIAL ASSESSMENT TIME: 1130
 GENERAL APPEARANCE

☒ no acute distress ☐ c-collar / back board in place
☒ alert ☐ mild / moderate / severe distress
☐ anxious / decreased LOC

FUNCTIONAL / NUTRITIONAL ASSESSMENT

☒ independent ADL ☐ assisted / total care
☒ appears well ☐ obese / malnourished
☐ nourished / hydrated ☐ recent weight loss / gain
 CHEST ☐ laceration / abrasion / swelling
☒ no evidence of trauma ☐ tenderness
☒ non-tender ☐ wheezing / crackles / stidor
☒ breath sounds nml ☐ seat belt marks
☐ deformity

CVS ☐ tachycardia / bradycardia
☒ regular rate ☐ pulse deficit
☒ pulses strong & equal ☐ pale / cyanotic
☐ skin warm, dry ☐ cool / diaphoretic

NEURO ☐ disoriented to person / place / time
☒ oriented x 3 ☐ confused / memory loss
☒ PERLL ☐ pupils unequal R ☐ L
☐ weakness / sensory loss

HEAD / FACE ☐ laceration / abrasion / swelling
☒ no evidence of trauma ☐ periorbital swelling / hematoma
☐ to head / eye / ear / face ☐ ecchymosis tender
☐ dental injury / malocclusion
☐ laceration / abrasion / swelling
☐ tenderness

NECK / BACK ☐ laceration / abrasion / swelling
☒ no evidence of trauma ☐ tenderness
☒ non-tender

ABDOMEN ☐ laceration / abrasion / swelling
☒ no evidence of trauma ☐ tenderness
☒ soft, non-tender ☐ rigid / distended

PELVIS / GU ☐ laceration / abrasion / swelling
☒ no evidence of trauma ☐ pelvis unstable
☐ pelvis stable ☐ tenderness
☐ blood at urethral meatus

EXTREMITIES ☐ laceration / abrasion / swelling
☒ no evidence of trauma ☐ tenderness bilateral
☒ non-tender ☐ deformity
☒ sensation intact ☐ sensory / motor deficit
☒ motor intact

ADDITIONAL FINDINGS
PT sitting around
in triage

INITIAL ACTIONS

TIME	ACTION	INIT
1130	ID band applied	ID band verified
	c-collar	back board
	disrobed / gownned	blanket provided
	ice pack	elevation / immobilization
	bandage applied	wet to dry dressing
	bed low position	slide rail up x2
	call light in reach	head of bed elevated

Nurse Signature [Signature]
 A protocol available

STATEN ISLAND UNIVERSITY HOSPITAL

CT SCAN ASSESSMENT FORM

WILLIAMS, OZAN 028Y
 MRN 000622207 DOB: 1/16/1980
 NO PRIVATE PHYSICIAN Adm: 9/27/08
 Acct# 011064241 (000) 000-0000

Patient Name: _____

Type of Study: _____



Acct#
 011064241

Head CT -

Symptoms: (Rule out is NOT acceptable) _____

Head CT -

NON-CONTRAST _____

Pregnancy Result:

Positive _____

Negative _____

N/A _____

WITH I.V. CONTRAST _____

WITH ORAL CONTRAST _____

Pregnancy Result:

Positive _____

Negative _____

N/A _____

Allergies: _____

If Yes has prep been ordered/given: _____

Asthma:

Yes _____

No _____

If Yes has prep been ordered/given: _____

Working I.V.

Yes _____

No _____

(Must be 18 gauge for PE study)

Signed Consent

Yes _____

No _____

Has Patient Been NPO

Yes _____

No _____

BUN _____

CREAT _____

GFR _____

MD, PA

Print _____

Signature _____

Signature _____

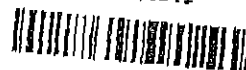


475 Seaview Avenue
Staten Island, NY 10306-2406



EMERGENCY DEPARTMENT CONSENTS AND AGREEMENTS

WILLIAMS, OZAN
MR# 000622207 DOB: 1/16/1980 028Y
NO PRIVATE PHYSICIAN Adm: 8/27/08
Acct# 011064241 (000) 000-0000



Acct#
011064241

EMERGENCY DEPARTMENT/ADMISSION CONSENTS AND AGREEMENTS

- 1. CONSENT TO ADMISSION AND TREATMENT:** I agree and consent to emergency treatment and/or admission to Staten Island University Hospital and to any x-ray examinations, laboratory procedures, medical treatment or hospital services rendered the patient under the general and specific instructions of his/her physician. No warranty or guarantee has been made as to result or cure.
- 2. PERSONAL VALUABLES:** I am aware that Staten Island University Hospital maintains a safe, for the safekeeping of valuables and money, during the patient's hospital stay, and that Staten Island University Hospital shall not be liable for the loss or damage to any money, articles of unusual value, or any other personal property of the patient, unless deposited in the hospital safe.
- 3. RELEASE OF INFORMATION:** I permit Staten Island University Hospital to disclose all or any part of the patient's medical record to any person, corporation or agency when required for the collection of benefits or payment of hospital charges.
- 4. ASSIGNMENT OF BENEFITS:** I assign to Staten Island University Hospital all benefits from corporations, agencies and persons for this hospitalization. Additionally, I authorize payments of these benefits directly to Staten Island University Hospital.
- 5. MEDICARE BENEFITS:** I certify that the information given by me in applying for payment under Title XVIII of the Social Security Act is correct. I authorize any holder of medical or other information about me to release to the Social Security Administration and Health Care Financing Administration or its intermediaries or carriers any information needed for this or a related Medicare claim. I request that payment of authorized benefits be made on my behalf.
- 6. MEDICARE LIFE DAYS:** I hereby give Staten Island University Hospital permission to bill my life days allowed under the Medicare health insurance regulations.
- 7. RESPONSIBLE FOR HOSPITAL CHARGES:** For and in consideration of services rendered to the patient by Staten Island University Hospital, I do hereby agree to make prompt payment, when billed for all hospital charges not covered by valid insurance benefits.
- 8. I UNDERSTAND THAT STATEN ISLAND UNIVERSITY HOSPITAL WILL NOT DENY TREATMENT BASED ON THE ABILITY TO PAY OR SOURCE OF PAYMENT.**

I HAVE READ THIS AGREEMENT, IT HAS BEEN FULLY EXPLAINED TO ME, AND I UNDERSTAND THE CONTENTS AND THE RESPONSIBILITIES TO WHICH I AM AGREEING. The undersigned is the patient or is duly authorized by the patient to act on the patient's behalf and accept the above terms.

Date: 8.27.08 Patient: [Signature]

(Signature)

IF PATIENT IS A MINOR OR INCOMPETENT OR UNABLE TO SIGN:

Signature of Other Person Responsible: _____

Give Reason: _____

Relationship: _____

Witness: [Signature]

LEAVING AGAINST ADVICE OF PHYSICIAN

_____ is (leaving) (being removed from) this Hospital against the advice of the physician in charge. I acknowledge that I have been fully informed of the risks and hazards involved in leaving this institution at this time and I assume all such risks and hazards for myself and/or the indicated patient.

Witness _____

Patient or Legal Representative _____

Date _____

Relationship _____

TELEPHONE PERMISSION FOR TREATMENT AND/OR PROCEDURE

_____ M.D., R.N. DATE _____ TIME _____
(making call)

(person called) (Tel. No.) _____ (Address) _____

Permission Given _____

Call Witnessed By _____ (yes/no) _____ (Remarks) _____

(name, title, etc.) _____

(signature title) _____

(name, title, etc.) _____

(signature title) _____

Patient Name: _____ MR#: _____ ACCT#: _____

80538 (10/04) - chart form

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EMERGENCY PHYSICIAN RECORD

Assault by History

DATE: 8/21/08 TIME: 11:30 On arrival ROOM: 7 EMS Arrival

HISTORIAN: patient spouse paramedics

AGE 28 M F RACE

HX / EXAM LIMITED BY:

ADDITIONAL HX OBTAINED FROM: transfer papers / family / EMS / no historians available / other

HPI

chief complaint: injury to head, face, wrist, 3F

duration: just presented arrival today yesterday min / hrs / days ago

where: home school neighbor's park work street

context: fists kicked choked bitten pushed / thrown reported spousal abuse pushed / thrown against wall struck with object (a) in alley talky

assaulted by cops as pre-patient

severity: mild moderate severe (1/10)

associated symptoms: lost consciousness / dazed seizure weakness / numbness

duration: remembers injury coming to hospital

location: head & face mouth right left shoulder hip arm thigh elbow knee forearm leg wrist ankle hand foot

ROS

dizziness

recent illness

fever / chills

weakness

numbness

neck / back pain

shortness of breath

LNMP: preg post-menop

problems urinating

nausea / vomiting

leg / ankle swelling

problems with vision

nasal drainage

rash

anxiety / depression

all systems neg except as marked

NEURO / MS components also addressed in HPI

PAST HX

diabetes Type 1 Type 2 hepatitis / HIV

diet / oral / insulin

old records ordered / summary

Tetanus immun. UTD / given in ED

Meds: none / nurses note confirmed aspirin coumadin clopidogrel

Allergies: NKDA / nurses note confirmed Real meat

SOCIAL HX

smoker drugs - denied

alcohol (recent / heavy / occasional) occupation

FAMILY HX

negative

WILLIAMS, OZAN 028Y

MR# 000622207 DOB: 1/16/1980

NO PRIVATE PHYSICIAN Adm: 8/27/08

Acct# 011064241 (000) 000-0000



Acct# 011064241

Nursing Assessment Reviewed ☒ Vitals Reviewed ☒

PHYSICAL EXAM

General Appearance c-collar / backboard (PTA / in ED)

no acute distress mild / moderate / severe distress

alert anxious / lethargic / unconscious

HEAD see diagram

no evidence of trauma

raccoon eyes / Battle's sign

soft tissue swelling

NECK see diagram

non-tender decreased / limited ROM

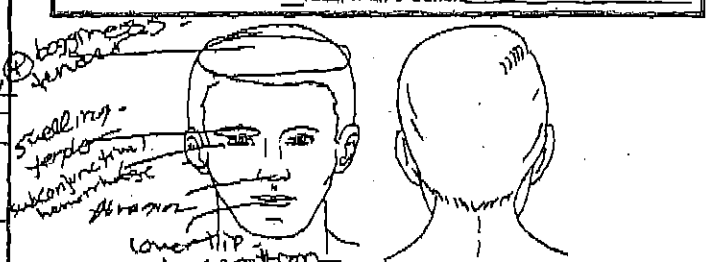
painless ROM pain on movement of neck

Nexus criteria neg

midline tenderness / distracting injury

altered mental status / recent ETOH

focal neuro deficit



EYES unequal pupils R- mm L- mm

PERL EOM entrapment / palsy

subconjunctival hemorrhage

ENT hemotympanum

no dental / oral inj

TM obscured by wax

clotted nasal blood

airway nml

dental injury / malocclusion

RESP / CVS see diagram

Chest non-tender

no ecchymosis

breath sounds nml

no resp. distress

heart sounds nml

no equal pupils

no tenderness / palpable fracture

capitus / subcutaneous emphysema

splinting / paradoxical movements

decreased breath sounds

wheezes / rales / rhonchi

tachycardia / bradycardia

ABDOMEN see diagram

non-tender

no distention

tenderness / guarding / rebound

mass

GENITAL / RECTAL perineal hematoma

nml ext. inspection

blood at urethral meatus

nml rectal tone

decreased rectal tone

heme negative stool

vaginal bleeding

QC acceptable

NEURO / PSYCH

oriented x3

CN's nml as tested

sensation nml

motor nml

mood / affect nml

disoriented to person / place / time

facial asymmetry

unsteady / ataxic gait

sensory / motor deficit

slurred speech

depressed mood / affect



ACTIONS

TIME	INIT
set up suture tray	eye tray
cardiac monitor	
pulse oximeter	O ₂ L via
Accu-Chek	
ready for Dr eval.	notified doctor / seen by Dr [signature]
restraints	see documentation

IV STARTS

TIME	#	site	gauge	attempts	complications	INIT

IV / MEDICATION INFUSION RECORD

☐ Rapid Infuser

Start Time	Solution / Med	IVPB	Rate ml / hr	Stop Time	Amount Infused	INIT
11:15	Tetanus 0.5ml IM					JS
	Response: no change	Improved				
	Response: no change	Improved				
	Response: no change	Improved				

MEDICATIONS

TIME	Medication	Dose	Route	Site	INIT
	Td / TT	0.5ml	IM		
	lot #:	exp. date	manufac		
	Response: no change	Improved			
	Response: no change	Improved			
	Response: no change	Improved			
	Response: no change	Improved			

PROCEDURES

TIME	INIT
laceration repair to	
assisted by:	
Foley fr. mL return	
foreign body removed	assisted by:
assisted Dr	with dislocation / fx reduction
shoulder elbow MTP patella hip	
spint / sling applied	arm leg short long
Dye:	
Pleurax-Yac	chest tube location
assessed post-procedure	
nmf color / sensation / movement	
labs / drawn sent	by ED tech / nurse / lab
results back	
cleaned wound	applied abx ointment
applied dressing / Band-Aid / elastic wrap	
soft collar	
crotch training w/ proper return demonstration	
to Xray w/ monitor / nurse / O ₂ / tech	
return to room	
to ED w/ monitor / nurse / O ₂ / tech	
return to room	

VITAL SIGNS

TIME	BP	P	RR	T	SaO ₂	GCS	Pain	Pupils	INIT
							/10		
							/10		
							/10		
							/10		

ADDITIONAL NOTES

11:30 - Pt received 1L of blood transfusion, no change in vital signs. [signature]

INTAKE

IV / saline lock discontinued:

OUTPUT

Total Amt Infused

Time Initials

PROPERTY TO:

patient family security safe see patient belongings list

DISPOSITION

discharged home police nursing home ME funeral home

verbal / written instructions / RX given to: patient

verbalized understanding

learning barriers addressed

accompanied by / driver

admitted / transferred to

report to time

transfer documentation completed

notified family / police / ME

left AMA / LWBS signed AMA sheet refused

physician notified of:

Discharge Vitals									
BP	100/60	HR	71	RR	17	Temp	97°	SaO ₂	98
pain level at discharge				2	/10				

CONDITION

unchanged improved stable other

Depart Date 8/2/20 Depart Time 1:30

Mode walk crutches w/c stretcher ambulance

Discharge Nurse Signature [signature]

☐ Continuation Sheet

SIGNATURE	INITIAL
[signature]	JS

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EMERGENCY DEPARTMENT RECORD
Physician Order Sheet

Date 8/27/08

MD [Signature] Time 12:15 Clerk [Signature] Time

LABS CBC CBC & Diff. BMP MG CK CKMB Troponin BNP LFT's Amylase Lipase PT / PTT ESR BHCG TSH T3 T4 ABG VBG Myoglobin	POINT OF CARE U - dip Finger stick UCG
URINE UA UCG	EKG
CSF Gram stain Cell Count x1 x2 Protein Glucose Culture Other	BLOOD T & S T & C x units
DRUG LEVELS ETOH Aspirin Tylenol Digoxin Dilantin	X RAY CXR Portable PA / LAT C - spine Pelvis Abdomen Flat plate Obs series Extremity wrist L R B wrist L R B wrist L R B wrist L R B
CULTURE Blood x1 x2 x3 Time Drawn <input type="checkbox"/> Prior to Abx administration Urine Throat GG & Chlamydia	CT Head with w/o Abdomen with w/o with w/o with w/o
ADDITIONAL DIAGNOSTIC ORDERS	SONO Pelvic RUQ Renal Abdomen Other
	PROTOCOL Trauma Detox Psych
	OTHER HIV - Indirect Yellow Hep panel Yellow

WILLIAMS, OZAM
MR# 000622207 DOB: 1/15/1980
NO PRIVATE PHYSICIAN Adm: 8/27/08
Acct# 011064241 (000) 000-0000



Acct#
011064241

Orders

- | MD Time | Order | RN Time/INIT | Time Given |
|---------|---|--------------|------------|
| | <input type="checkbox"/> Cardiac Monitor | | |
| | <input type="checkbox"/> Pulse Oximeter | | |
| | <input type="checkbox"/> Oxygen LNC | | |
| | <input type="checkbox"/> Oxygen via nonrebreather | | |
| | <input type="checkbox"/> Fully disrobe and gown | | |
| | <input type="checkbox"/> IV to Heplock | | |
| | <input type="checkbox"/> IV fluids: NS @ /hr | | |
| | <input type="checkbox"/> May be off monitor for studies/transport | | |
| | <input type="checkbox"/> Postural Vitals | | |
| | <input type="checkbox"/> NPO | | |
| | <input type="checkbox"/> Foley to gravity | | |
| | <input type="checkbox"/> Rectal Temperature | | |
| | <input type="checkbox"/> Neuro checks q h | | |
| | <input type="checkbox"/> Repeat CKMB and Troponin in 6 hrs | | |
| 8:30 AM | <input checked="" type="checkbox"/> Acetaminophen 1000 mg PO x1 | | 8:30 AM |
| | <input type="checkbox"/> Ibuprofen 800 mg PO x1 | | |
| | <input type="checkbox"/> Diphenhydramine 50 mg PO x1 | | |
| | <input type="checkbox"/> Prednisone | | |
| | <input type="checkbox"/> Metoclopramide | | |
| | <input type="checkbox"/> Ketorolac 60 mg IM x1 | | |
| | <input type="checkbox"/> Albuterol 1 unit dose - neb q 30 min x3 | | |
| | <input type="checkbox"/> Atrovent 1 unit dose via neb x1 | | |
| 8:30 AM | <input checked="" type="checkbox"/> Tetanus & Diphtheria Toxoid 0.5 mL IM | | 8:30 AM |

MD Time Order
☐ Please repeat: BP HR RR Temp

(1) U22848A (10/20/08)
Tetanus and Diphtheria Toxoids Adsorbed
For Adult Use, DECAVAC®
US Govt Lot #1725
Mfg by: GlaxoSmithKline Inc.
Burlington, MA 01870 USA
CP193 C040, 00714

8:12 AM Albuterol 1 unit dose via neb x3

PHYSICIAN SIGNATURES / PRINT OR STAMP

RN SIGNATURES / PRINT

06-05-20; 03:32PM;

Patient Name: WILLIAMS, OZAN DOB: 01/16/1980
Patient ID: 000622207
Account: 011064241
Patient Location: ED ERM-ND-NORTH - ED x9140

Accession: 12893726
Procedure: CT HEAD/BRAIN NON-CONTRAST 260-2300
Date of exam: 08/27/2008 12:42:00
Attending Physician: PHYSICIAN NO PRIVATE
Requesting Physician: ILIRIANA SELA

Clinical History / Reason for exam: Head injury status post assault.

Technique: Multiple contiguous axial images were obtained from the base of the skull to the vertex without administration of intravenous contrast.

Findings: The ventricles, basal cisterns and sulcal pattern are within normal limits for patients stated age. There are no cerebral, cerebellar or mid brain parenchymal abnormalities. There is no acute mass effect, midline shift or hemorrhage. No extra-axial fluid collections are identified.

There is mild bifrontoparietal scalp and supraorbital preseptal soft tissue swelling. There are no acute underlying fractures. The bones of the calvarium are intact. Visualized paranasal sinuses, bilateral mastoid complexes and globes and orbits are grossly unremarkable.

Impression:

1. Bifrontoparietal scalp, supraorbital and preseptal soft tissue swelling.
2. No acute underlying fractures or subdural hematomas.
3. These findings discussed with PA Iliriana Sela at the time of dictation.

Original report dictated and signed by
Dr. Spencer Serras
on 08/27/2008 12:53

ExitCare® Patient Information - Ozan Williams - ID# - MR# 000622207

Staten Island University Hospital

475 Seaview Avenue

Staten Island, NY 10305

(718) 226-9000

EXITCARE® PATIENT INFORMATION

Patient Information:

Patient Name: Ozan Williams	Patient Address:
Patient ID:	Patient Email:
Patient Medical Record Number: 000622207	Patient Gender: Male
Patient DOB:	Responsible Adult:
Patient Phone Number: () -	Diag:

Primary Caregiver Information:

Attending Caregiver: NISHANT SHAH, M.D.

Primary Follow-up Info: Jordan Glaser, MD - 1408 Richmond Road Staten Island NY 10304 (718) 816-3362

User Information:

Login ID: leela	User Name: Iliriana Seta	Dept: Urgent Care
-----------------	--------------------------	-------------------

>>>> Contusion, Hand - English - (49EDABDE-4187-4AA6-90E7-0AA24C0576F5)

At what oral temperature, not controlled by medication, should the patient call or see their physician?: 103°F (39.44°C)

Additional Follow-up caregivers:

Additional Notes:

Learning Assessment:

Relevant cultural/religious practices _____ None _____
 Barriers to learning: Visual _____ Auditory _____ Sensory _____ Emotional _____
 Physical _____ Cognitive _____ Unwilling to learn _____
 Unable to read _____ None _____

Primary Language spoken: _____

Learning Preference: Discussion _____ Reading _____ Video _____ None _____

>>>> Head Injuries, Adult - English - (83CB6640-B548-40DC-9812-EE64D836C5CE)

After how many hours should the patient be awakened to check their condition?: Not at all

Additional Follow-up caregivers:

Additional Notes:

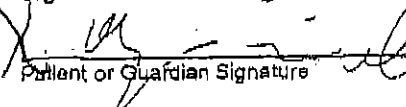
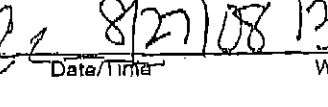
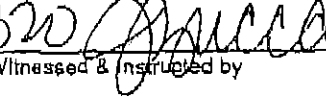
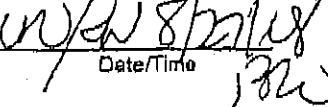
Learning Assessment:

Relevant cultural/religious practices _____ None _____
 Barriers to learning: Visual _____ Auditory _____ Sensory _____ Emotional _____
 Physical _____ Cognitive _____ Unwilling to learn _____
 Unable to read _____ None _____

Primary Language spoken: _____

Learning Preference: Discussion _____ Reading _____ Video _____ None _____

Signature acknowledges that Patient and/or Guardian has received these instructions and understands them.


 Patient or Guardian Signature
 
 Date/Time
 
 Witnessed & Instructed by
 
 Date/Time

Audiogram

Patient: 7-30-12
 Date: WILLIAMS, OZAN

Frequency in Hertz

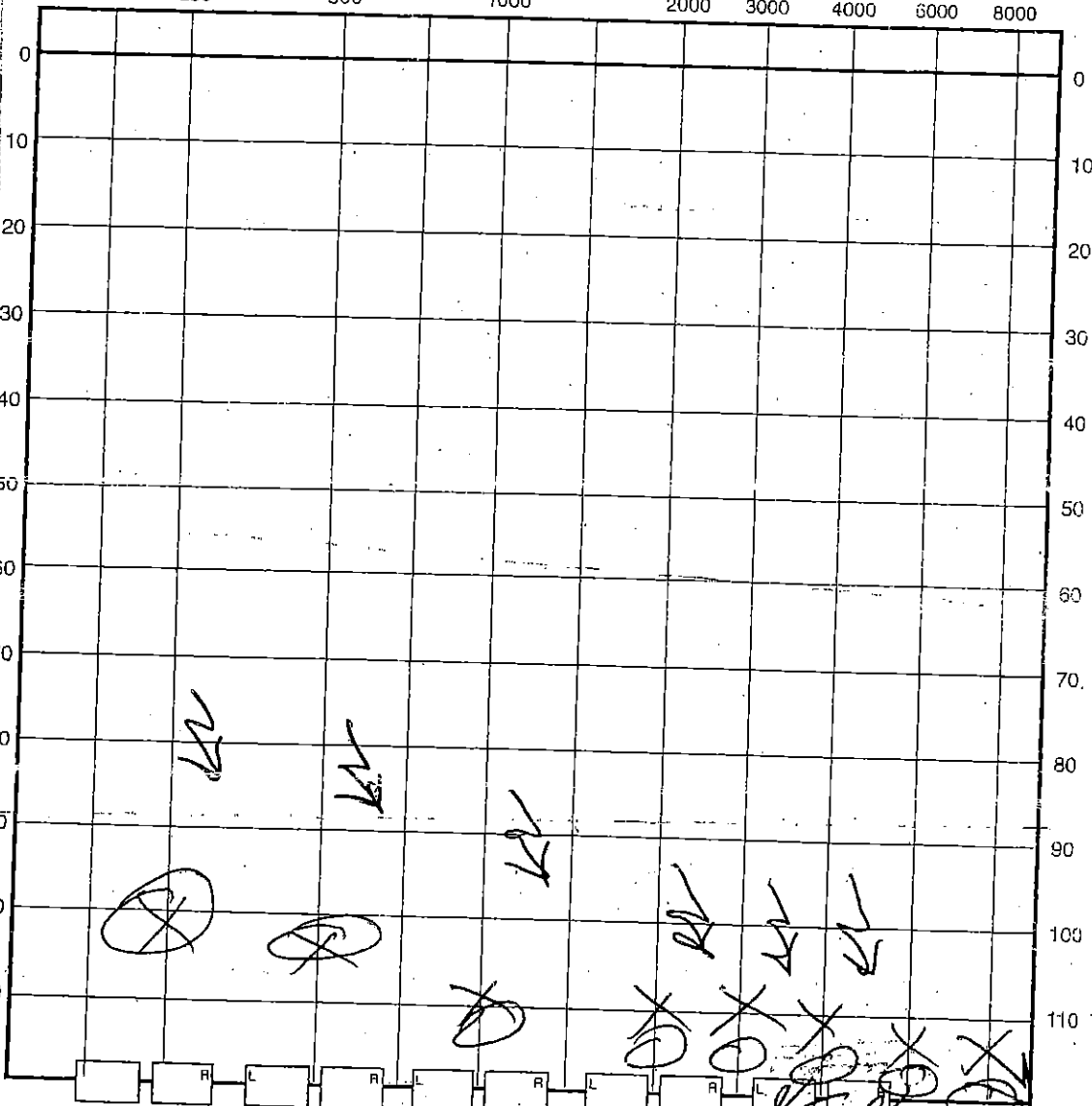
GRNC 541 110 0138

ANSI S3.22 1967 Standards

Results of Ear Inspection	
Left	Right
<input checked="" type="checkbox"/> No Blockage	<input checked="" type="checkbox"/> No Blockage
<input checked="" type="checkbox"/> Partial Blockage OK	<input checked="" type="checkbox"/> Partial Blockage OK
<input checked="" type="checkbox"/> Partial Blockage Imp	<input checked="" type="checkbox"/> Partial Blockage Imp
<input checked="" type="checkbox"/> Impacted	<input checked="" type="checkbox"/> Impacted

Hearing Level in Decibels (dB)

Frequency Specific LDL's



This information is intended for the sole purpose of fitting or selecting a hearing aid and is not a medical examination or audiological evaluation.

This is an audiological evaluation and is not a medical examination.

Modality	Left Ear	Right Ear	No Response		Average Pure-Tone	
	Blue	Red	Left Ear	Right Ear	Left Ear	Right Ear
Air Conduction						
Unmasked	X-X	O-O	X-X	O-O		
Masked	□-□	△-△	□-□	△-△		
Bone Conduction						
Unmasked	>->	<-<	>->	<-<		
Masked	□-□	□-□	□-□	□-□		
Hi-Freq A. P. T.						

SPEECH TESTS RESULTS

EAR	SRT	LDL (SPL)		MCL		Discrimination % Correct	Presentation Level
Right	105				110	NU6 80% MRT	MCL Quiet Masked
Left	100				110	NU6 40% MRT	MCL Quiet Masked
Binaural		L	R	L	R	NU6 MRT	MCL Quiet Masked

100% PASS
 SNHL - BILATERAL

RIVERS ISLAND
 WEST GACAL
 John E. Kenul, ACA, BC-HIS
 Audiology



STATE OF NEW YORK
DEPARTMENT OF CORRECTIONS
AND COMMUNITY SUPERVISION
DOWNSTATE CORRECTIONAL FACILITY

ANTHONY J. ANNUCCI
ACTING COMMISSIONER

PO BOX 445 – 121 RED SCHOOLHOUSE ROAD
FISHKILL, N.Y. 12524-0445
(845) 831-6600

ADA PEREZ
SUPERINTENDENT

MEMORANDUM

TO: O. Williams 13A5036 (1-A-04)

FR: G. Thomas, First Deputy Superintendent / Acting Superintendent *js Thomas*

RE: Letter dated 12/14/13

DT: December 24, 2013

I have received your letter regarding your concerns about hearing aids. I have forwarded your letter to Dr. Malvarosa, Facility Health Services Director. He will have your concerns evaluated and will have a staff person get back to you.

GST: cmn

cc: File

OTOhealth

HEARING AID CENTERS

The trusted choice in hearing instrumentation

● Hearing aid sales
& on-site repairs

● Loaner aids
available

● Custom digital hearing
instruments

● Unnoticeable in-the-
canal aids

● Sound-amplifying
devices

● Emergency visits
available

● Audiometric testing

● Morning, lunchtime, &
evening appointments

● Visa, MasterCard,
American Express &
Discover welcome

● Nationwide
Locations

Date: August 26, 2013

Name: Williams, Ozan

D.O.B: 01/16/1980

Facility: GRVC

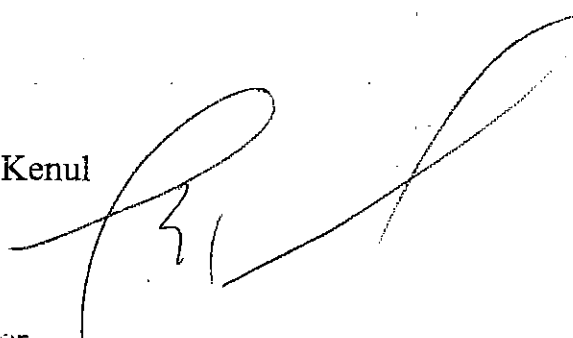
Inmate# 541 1100 138

Patient has had delivered to him two behind the ear hearing aids.

Items included are; one storage box, one cleaning brush and pick, one instruction booklet, 20 cells #675 batteries.

Please allow him to keep these items in his possession as a matter of medical necessity and for his personal security and quality of life.

John E. Kenul



Dispenser

NPI# 1912122904

EIN# 20-2901924

28-56A 41st Street, Astoria, N.Y. 11103

Phone: (718) 274-HEAR (4327) • Fax: (718) 274-6339

Visit our Website @ www.otohealthhearingaids.com

FORM 2131E (REVERSE) (REV. 6/06)

Response of IGRC:**SS# 54640-15****Code: 22****APRIL 02, 2015****Name: WILLIAMS, O. 13A5036****AGREE**

Per Dr. D. Gage, this issue will be forwarded to nurse Furco to order correct batteries.

Date Returned to Inmate APR 03 2015 IGRC Members *William*
FORC Young
 Chairperson *Frederick Blackby* *JZ*

Return within 7 calendar days and check appropriate boxes.*

- ☐ I disagree with IGRC response and wish to Appeal to the Superintendent.
- ☐ I have reviewed deadlocked responses. Pass-Thru to Superintendent
- ☐ I agree with the IGRC response and wish to Appeal to the Superintendent.
- ☐ I apply to the IGP Supervisor for review of dismissal

Signed _____
Grievant_____
Date_____
Grievance Clerk's Receipt_____
Date*To be completed by Grievance Clerk.*Grievance Appealed to the Superintendent _____
DateGrievance forwarded to the Superintendent for action _____
Date

*An exception to the time limit may be requested under Directive #4040, section 701.6(g).




Corrections and
Community Supervision

ANDREW M. CUOMO
Governor

ANTHONY J. ANNUCCI
Acting Commissioner

MEMORANDUM

TO: WILLIAMS, Ozan #13-A-5036 B-T-15
FROM: Michael Capra, Superintendent 
SUBJECT: RESPONSE TO CORRESPONDENCE
DATE: April 28, 2015

I am responding to your letter to me dated April 12, 2015, requesting that your disciplinary hearings from January and February of this year be overturned because your hearing aids were malfunctioning.

Investigation shows that your hearing aids were working. Request denied.

MC:sah
cc: Guidance file
Author



**THE
LEGAL
AID
SOCIETY**

Prisoners' Rights Project
199 Water Street
New York, NY 10038
T (212) 577-3300
www.legal-aid.org

LEGAL MAIL
PRIVILEGED AND CONFIDENTIAL

December 19, 2016

Ozan Williams (13-A-5036)
Sing Sing Correctional Facility
354 Hunter Street
Ossining, NY 10562-5442

Blaine (Fin) V. Fogg
President

Seymour W. James, Jr.
Attorney-in-Chief

Justine M. Luongo
Attorney-in-Charge
Criminal Practice

Mary Lynne Werlwas
Director
Prisoners' Rights Project

Dear Mr. Williams:

My name is Stefen R. Short and I am a Staff Attorney with the Prisoners' Rights Project of The Legal Aid Society. I write in response to your recent letter in which you state that Sing Sing Correctional Facility has refused to repair your hearing aids. You state that without your hearing aids, you cannot hear staff and officers and have been subjected to disability-related discipline.

As you may recall, this office shared your complaint with *Clarkson* Ombudsperson Nancy Heywood on your behalf on June 13, 2016. We received a response from Ms. Heywood on August 25, 2016. I have enclosed a copy of that response for your convenience.

I am sorry to hear that your hearing aids still have not been fixed. I can write to Sing Sing on your behalf to request new hearing aids, but I need more information first. When did you last contact medical about your broken hearing aids? Did medical respond to you? What did they say? You state that you have received tickets for disability-related conduct. What tickets have you received, and were you disciplined? Do you feel unsafe? Please be as specific as possible and enclose any relevant documents.

Lastly, please find enclosed a medical release form that you should sign and return to me. Without a signed release form, DOCCS will not communicate with me about your hearing aids. I look forward to hearing from you.

Sincerely,

Stefen R. Short
Staff Attorney

Encl. Unsigned Release Form
Letter from N. Heywood (08/25/16)

Correctional Facility

INMATE MISBEHAVIOR REPORT ♦ INFORME DE MAL COMPORTAMIENTO DEL RECLUSO

1. NAME OF INMATE (Last, First) ♦ NOMBRE DEL RECLUSO (Apellido, Nombre) <i>Williams D.</i>	NO. ♦ NÚM. <i>13A 5036</i>	HOUSING LOCATION ♦ CELDA <i>HAA 0-73</i>
2. LOCATION OF INCIDENT ♦ LUGAR DEL INCIDENTE <i>NORTH SIDE 0-GALLERY</i>	INCIDENT DATE ♦ FECHA <i>November 3, 2016</i>	INCIDENT TIME ♦ HORA <i>Approximate 7:53 am.</i>
3. RULE VIOLATION(S) ♦ VIOLACIONES <i>106.10 Refusal to Obey Direct Order</i> <i>109.12 Inmate Movement</i>		
4. DESCRIPTION OF INCIDENT ♦ DESCRIPCIÓN DEL INCIDENTE <i>On the above date and approximate time inmate on "show on the go book" inmate Williams, D. DINT 15036 cell 0-73, stopped at 0-62 cell INMATE CHAMAN DINT# 16A3801 whose cas keeplock status. I gave inmate Williams, D. a direct order to go "look in". Instead inmate Williams picked up the "Feedup Tray" from 0-62 and went down to 0-15 cell. He returned afterwards and I said to give me your state I.D. card. He complied without further incident.</i>		
5. ENDORSEMENTS OF OTHER EMPLOYEE WITNESSES (if any) ♦ SIGNATURES: ENDOSOS DE OTROS EMPLEADOS TESTIGOS (si hay) ♦ FIRMAS: 1. <i>[Signature]</i> 2. <i>[Signature]</i> 3. <i>[Signature]</i>		
REPORT DATE ♦ FECHA <i>3 November 2016</i>	REPORTED BY ♦ NOMBRE DE LA PERSONA QUE HACE EL INFORME <i>[Signature]</i>	TITLE ♦ TÍTULO <i>C.C.</i>

NOTE: Fold back Page 2 on dotted line before completing below.

DATE AND TIME SERVED UPON INMATE

NAME AND TITLE OF SERVER

FECHA HORA DADO AL RECLUSO

NOMBRE Y TÍTULO DEL QUE ENTREGA

You are hereby advised that no statement made by you in response to the charges or information derived therefrom may be used against you in a criminal proceeding. ♦ Por este medio se le informa que no se puede usar ninguna declaración hecha por usted como respuesta al cargo o la información derivada de ella en una demanda criminal.

NOTICE ♦ AVISO

REVIEWING OFFICER (DETACH BELOW FOR VIOLATION HEARING ONLY)

You are hereby notified that the above report is a formal charge and will be considered and determined at a hearing to be held. ♦ Por este medio se le notifica que el informe anterior es un cargo formal el cual se considerará y determinará en una audiencia a celebrarse.

The inmate shall be permitted to call witnesses provided that so doing does not jeopardize institutional safety or correctional goals. ♦ Se le permitirá al recluso llamar testigos con tal de que al hacerlo no pondrá en peligro la seguridad de la institución o los objetivos del Departamento.

If restricted pending a hearing for this misbehavior report, you may write to the Deputy Superintendent for Security or his/her designee prior to the hearing to make a statement on the need for continued prehearing confinement. ♦ Si está restringido pendiente a una audiencia por este informe de mal comportamiento, puede escribirle al Diputado del Superintendente para Seguridad o su representante antes de la audiencia para que haga una declaración acerca de la necesidad de continuar bajo confinamiento, previo a la audiencia.

Distribution: WHITE - Disciplinary Office CANARY - Inmate (After review) ♦ Distribución: BLANCA - Oficina Disciplinaria AMARILLA - Recluso (después de la resión)



Corrections and Community Supervision

ANDREW M. CUOMO
Governor

ANTHONY J. ANNUCCI
Acting Commissioner

March 4, 2016

Ozan Williams, 13-A-5036
Sing Sing Correctional Facility
354 Hunter Street
Ossining, New York 10562-5442

Dear Mr. Williams:

Deputy Commissioner Koenigsmann has asked me to respond to your recent letter.

The Division of Health Services has investigated your concerns with the Health Services staff at Sing Sing Correctional Facility. I have been advised by the facility that you were seen by your primary care provider on November 24 & 25, 2015, and your concern about the hearing aid has been addressed at both appointments. Also, an audiology specialist has described your hearing loss as non-significant. I would encourage you to discuss your medical concerns with your provider at the next appointment.

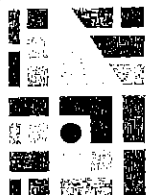
It is suggested that you continue to bring your medical concerns to the attention of the health care staff using the existing sick call procedure. I am sure they will make every effort to address your needs.

Sincerely,

Susanna Nayshuler
Susanna Nayshuler
Regional Health Services Administrator

SN/aaf

cc: FHSD, Sing Sing Correctional Facility



**THE
LEGAL
AID
SOCIETY**

Prisoners' Rights Project
199 Water Street
New York, NY 10038
T (212) 577-3300
www.legal-aid.org

March 13, 2017

Nancy Heywood, Esq.
Clarkson Ombudsperson
Office of Counsel
Department of Corrections and Community Supervision
1220 Washington Avenue, Building 2
Albany, NY 12226-2050

Blaine (Fin) V. Fogg
President

Seymour W. James, Jr.
Attorney-in-Chief

Justine M. Luongo
Attorney-in-Charge
Criminal Practice

Mary Lynne Werlwas
Director
Prisoners' Rights Project

Re: **Clarkson v. Coughlin, 91-cv-1792 (S.D.N.Y.)**
Complainant: Ozan Williams (13-A-5036)
Sing Sing Correctional Facility

Dear Ombudsperson Heywood:

I write on behalf of Ozan Williams, who reports that his hearing aids have been broken for several months and have not been repaired or replaced.


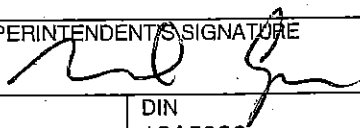
Mr. Williams reports that he saw Dr. Serhan at Sing Sing Correctional Facility in December 2016 and January 2017 to have his hearing aids repaired, but they still have not been repaired. Without his hearing aids, he has difficulty completing law work and school work. He also reports that he has received several tickets for failing to hear officers. Although he has filed multiple grievances and lodged multiple verbal complaints about his hearing aids, he states that he has been ignored.

This office wrote to Sing on Mr. Williams's behalf on February 16, 2017. Mr. Williams reports that he has also submitted several grievances and contacted medical staff since February 16. Despite these overtures, Mr. Williams states that he is still without functioning hearing aids. He is concerned that he is susceptible to additional disciplinary problems because he cannot hear staff consistently.

Section 30 of the *Clarkson* consent decree requires DOCCS to provide maintenance services needed to keep hearing aids operative at all times. Mr. Williams should not be made to suffer without hearing aids for months at a time.

I have enclosed a signed release form so that you may respond to this letter. Please look into Mr. Williams's complaints and ensure that either his hearing aids are repaired or he is provided with a functional pair. Thank you for your prompt attention to this matter and I look forward to hearing from you.

Receive on Feb. 1, 2017

 INMATE GRIEVANCE PROGRAM SUPERINTENDENT	GRIEVANCE NO.	DATE FILED
	57297-16	12/5/16
	FACILITY Sing Sing	POLICY DESIGNATION Institutional
	TITLE OF GRIEVANCE Medical	CLASS CODE 22
	SUPERINTENDENT'S SIGNATURE 	DATE 1/27/17
GRIEVANT Williams, O.	DIN 13A5036	HOUSING UNIT HBA O-73

Grievant states he was told he was on the waiting list to have his hearing aids repaired however, the hearing aids have not been repaired therefore he keeps getting tickets.

Grievance Denied. Investigation reveals grievant was seen 12/20/16 by the audiologist, after which the audiologist advised grievant's primary care provider he has no hearing loss.

APPEAL STATEMENT

If you wish to refer the above decision of the Superintendent please sign below and return this copy to your Inmate Grievance Clerk. You have seven (7) calendar days from receipt of this notice to file your appeal.* Please state why you are appealing this decision to C.O.R.C.

DR. SERHAN is telling me one thing, and doing another, my hearing Aids are broken and I'm not hearing him or other people clearly, I would like to get a second opinion.


GRIEVANT'S SIGNATURE

FEB. 1, 2017
DATE

GRIEVANCE CLERK'S SIGNATURE

DATE

*An exception to the time limit may be requested under Directive #4040, section 701.6 (g)
Form 2133 (02/15)

State of New York
Department of Corrections
& Community Supervision
Sing Sing Correctional Facility
354 HUNTER STREET
OSSINING, NEW YORK 10562-5442
914-941-0108


Anthony J. Annucci
ACTING COMMISSIONER

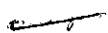
Michael Capra
SUPERINTENDENT

Memorandum

May 10, 2016


To: Williams, O. #13A5036 – A-O-73

From: Q. Quick, IGP Supervisor 

Subject: Dismissal of Grievance 

Be advised,

I have reviewed your appeal of dismissal to Grievance SS #56491-16. Note that this is not an appealable decision. Therefore, the dismissal will stand.

 Corrections and Community Supervision ANDREW M. CUOMO Governor ANTHONY J. ANNUCCI Acting Commissioner	Grievance Number SS-56508-16	Desig./Code I/22	Date Filed 5/2/16
	Associated Cases		Hearing Date 10/25/17
INMATE GRIEVANCE PROGRAM CENTRAL OFFICE REVIEW COMMITTEE	Facility Sing Sing Correctional Facility		
	Title of Grievance New Hearing Aids		

GRIEVANT'S REQUEST UNANIMOUSLY ACCEPTED IN PART

Upon full hearing of the facts and circumstances in the instant case, and upon recommendation of the Division of Health Services, the action requested herein is hereby accepted in part.

CORC notes that the grievant was seen by his provider 9 times between 3/2/16 and 10/5/17 for various issues, including his hearing aids. In addition, he was seen by the audiologist on 12/20/16, who determined that no follow up was needed at that time, however, he is scheduled for a follow up appointment in the near future. CORC has not been presented with evidence of improper medical care or malfeasance by staff. CORC notes that the grievant did not appeal his 4/18/16 Tier II misbehavior report and advises him that he is solely responsible for his actions while in the Department's custody.

With regard to the grievant's appeal, CORC advises him to address medical concerns via sick call and block issues to area supervisory staff, at that time, for the most expeditious means of resolution. He is also advised to address disciplinary concerns to the disciplinary office.

RAL/



**Corrections and
Community Supervision**

ANDREW M. CUOMO
Governor

ANTHONY J. ANNUCCI
Acting Commissioner

MEMORANDUM

FROM: Karen Bellamy, Director, Inmate Grievance Program
SUBJ: Receipt of Appeal

O WILLIAMS 13A5036 9/7/2017
Sing Sing Correctional Facility
Your grievance SS-56508-16 entitled
New Hearing Aids
was rec'd by CORC on 1/18/2017

FORM 2171B (10/14)

STATE OF NEW YORK - DEPARTMENT OF CORRECTIONS AND COMMUNITY SUPERVISION

Side 2

Correctional Facility

INMATE MISBEHAVIOR REPORT ♦ INFORME DE MAL COMPORTAMIENTO DEL RECLUSO

1. NAME OF INMATE (Last, First) ♦ NOMBRE DEL RECLUSO (Apellido, Nombre) <i>Williams, Ozan</i>	NO. ♦ NÚM. <i>13A5036</i>	HOUSING LOCATION ♦ CELDA <i>113A-19</i>
2. LOCATION OF INCIDENT ♦ LUGAR DEL INCIDENTE <i>School Building</i>	INCIDENT DATE ♦ FECHA <i>10/20/2018</i>	INCIDENT TIME ♦ HORA <i>1:05 PM</i>
3. RULE VIOLATION(S) ♦ VIOLACIÓN/ES <i>107.20 False information</i>		
4. DESCRIPTION OF INCIDENT ♦ DESCRIPCIÓN DEL INCIDENTE <i>At approximately 1:05 PM inmate Williams O 13A5036 was let out of his cell to attend the school run. Officer Weeks reported to me inmate Williams was out of place attempting to go to the law library. Inmate Williams told me he lied providing a false statement to officer Weeks stating "I told him to go to the law library."</i>		
REPORT DATE ♦ FECHA <i>10/20/19</i>		
REPORTED BY ♦ NOMBRE DE LA PERSONA QUE HACE EL INFORME <i>L. Seblett</i>		
SIGNATURE ♦ FIRMA <i>[Signature]</i>		
TITLE ♦ TÍTULO <i>[Signature]</i>		
5. ENDORSEMENTS OF OTHER EMPLOYEE WITNESSES (If any) SIGNATURES: ENDOSOS DE OTROS EMPLEADOS TESTIGOS (si hay) FIRMAS: 1. <i>[Signature]</i>		
2. <i>[Signature]</i>		
3. <i>[Signature]</i>		

NOTE: Fold back Page 2 on dotted line before completing below.

DATE AND TIME SERVED UPON INMATE

NAME AND TITLE OF SERVER

FECHA HORA DADO AL RECLUSO

NOMBRE Y TÍTULO DEL QUE ENTREGA

You are hereby advised that no statement made by you in response to the charges or information derived therefrom may be used against you in a criminal proceeding. ♦ Por este medio se le informa que no se puede usar ninguna declaración hecha por usted como respuesta al cargo o la información derivada de ella en una demanda criminal.

NOTICE ♦ AVISO

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The inmate shall be permitted to call witnesses provided that so doing does not jeopardize institutional safety or correctional goals. ♦ Se le permitirá al recluso llamar testigos con tal de que al hacerlo no pondrá en peligro la seguridad de la institución o los objetivos del Departamento.

If restricted pending a hearing for this misbehavior report, you may write to the Deputy Superintendent for Security or his/her designee prior to the hearing to make a statement on the need for continued prehearing confinement. ♦ Si está restringido pendiente a una audiencia por este informe de mal comportamiento, puede escribirle al Diputado del Superintendente para Seguridad o su representante antes de la audiencia para que haga una declaración acerca de la necesidad de continuar bajo confinamiento, previo a la audiencia.

Distribution: WHITE - Disciplinary Office CANARY - Inmate (After review) ♦ Distribución: BLANCA - Oficina Disciplinaria AMARILLA - Recluso (después de la resión)

Mr. Ozan Williams
13-A-5036
Sing Sing Corr. Fac.
354 Hunter Street
Ossining, New York 10562

3 April 2018

Mr. Adam D. Perlmutter, Esq.
260 Madison Avenue - Suite 1800
New York, New York 10016

In re: People v. Ozan Williams

Counsel Perlmutter:

I write in regard to the service you provided in the above reference matter, and current communication by appellate counsel Kathleen Whoolay at which you and I defer on my inability to hear and whether accommodation was provided therefrom has become an contested undeveloped issue.

After a diligent search subsequently to appellate counsel's conversation with you indicating a counter argument showing I indeed was wearing a hearing, no accommodation was provided, and in spite an ambiguous "case file" suggest otherwise, I fundamentally disagree with the purported "case file" in which I have not reviewed that otherwise is contradicts in the first trial record.

The first trial record clearly indicate me having hearing problems and no other protections by the court nor by yourself whether accommodation was required debors the record. Despite a thin record exist and belies your assertion corroborated by its actual existence, case law suggest the minimal protection afforded in accord with disability act and derivative constitutional lapses merits further litigation in a proper forum.

Accordingly, based on the foregoing, I would appreciate that you not be unresponsive and reply within five (5) days upon receipt of this letter, if not, the thin record and accompanying letter corresponding communication by appellate will suffice in which I intend to pursue.

Respectfully,

Mr. Ozan Williams

cc: Kathleen Whoolay
Appellate Advocate



**Corrections and
Community Supervision**

ANDREW M. CUOMO
Governor

ANTHONY J. ANNUCCI
Acting Commissioner

MEMORANDUM

From: Shelley Mallozzi, Director, Inmate Grievance Program
SUBJ: Receipt of Appeal

O WILLIAMS 13A5036 1/16/2018
Sing Sing Correctional Facility
Your grievance SS-57297-16 entitled
Needs Hearing Aids Fixed
was rec'd by CORC on 3/3/2017

Williams, Ozan (Person Version)

PERSON		
Name: OZAN WILLIAMS	NYSID: 08402300N	DIN: 13A5036
SSN:	Race: Other	Alternate ID:
Ethnicity: Unknown	True Name:	
Date of Birth: 1/16/1980	Agency: NYS DOCCS	
Gender: Male	Location: Sing. Sing CF	
Marital Status:		

CASE PLAN INFORMATION				
Case Identifier: 13a5036	Title: Williams, Ozan	Status: Open	Start Date: 3/19/2014	End Date:

Client Strengths

Age 30 or Greater

Full Time Employment/School Past 6 Months

Client Interests

N/A

Case Plan Goals, Tasks and Activities**Education and Employment Development****Goal: Acquire HSE****Task:** Develop Career Aspirations and goals.

Start Date: 1/9/2018

End Date:

 Probation Officer and
 DOCCS Personnel
 Responsibilities:

Referral Date: 1/9/2018

Hours Per Day:

Total Days:

Completion Code:

Pro-social Development**Goal: Working on release****Medical****Goal: Wants to get new batteries for hearing aids****Goal: get a new hearing aid****Goal: Apply for Medicaid For a new Hearing Aid****Vocational/Education**

Goal: Obtain GED

Activity: Take the GED Test when completed prehse

Description: Continue with studying for HSE.

Responsible Party:

Start Date: 1/9/2018

End Date:

Completion Code:

Anger

Goal: develop anger management strategies

Goal: work on getting my hearing aide fixed.

Activity: contact medical department for assistance in getting hearing aide fixed.

Description:

Responsible Party:

Start Date: 10/9/2017

End Date: 1/9/2018

Completion Code: Successful

Goal: Increase ability to cope with angry feelings constructively

I have read and understand my case plan and the goals that I will be working to achieve. I understand that these goals have been identified to help me succeed.

Client Signature: _____

Date: _____

**Officer or Coordinator
Signature:** ORC, Caldwell, A.

Date: 4/10/18

Supervisor Signature: _____

Date: _____

Sing Sing

Correctional Facility

INMATE MISBEHAVIOR REPORT ♦ INFORME DE MAL COMPORTAMIENTO DEL RECLUSO

1. NAME OF INMATE (Last, First) ♦ NOMBRE DEL RECLUSO (Apellido, Nombre) Williams, D		NO. ♦ NUM. 13A 5036	HOUSING LOCATION ♦ CELDA 7-L-19
2. LOCATION OF INCIDENT ♦ LUGAR DEL INCIDENTE Housing Block A, L Gallery Cell 19		INCIDENT DATE ♦ FECHA June 4, 2019	INCIDENT TIME ♦ HORA 6:09 AM
3. RULE VIOLATION(S) ♦ VIOLACIONES 112.21 Count Procedure Violation 106.10 Refusing Direct Order		Veruodby C Austin-Rand Date 6-5-19 ca 5 pm	
4. DESCRIPTION OF INCIDENT ♦ DESCRIPCIÓN DEL INCIDENTE At approximately 555 AM the block DIC made an announcement via loud speaker notifying inmates that there were four minutes until the standing count. At approximately 6:00 AM the block DIC rang the housing block bell and proceeded to make another announcement via loud speaker that the standing count was currently in progress. Inmates were directed to turn on cell lights, turn off radios and televisions, and to stand approximately 2 feet away from their cell doors. I proceeded to begin my rounds to complete my count. I came upon inmate Williams, 13A 5036, in cell-L 19. Inmate was not standing for facility count. At this time I stopped my count and notified inmate that the standing count was in progress and gave a direct order for him to comply with facility count procedures and stand. Inmate did not stand for the count. As I was able to confirm inmate was alive and breathing, I proceeded with my count.			
REPORT DATE ♦ FECHA 06/04/19	REPORTED BY ♦ NOMBRE DE LA PERSONA QUE HACE EL INFORME R. Antone	SIGNATURE ♦ FIRMA R. Antone	TITLE ♦ TÍTULO CO
5. ENDORSEMENTS OF OTHER EMPLOYEE WITNESSES (if any) SIGNATURES: ENDOSOS DE OTROS EMPLEADOS TESTIGOS (si hay) FIRMAS: 1. _____ 2. _____ 3. _____			

NOTE: Fold back Page 2 on dotted line before completing below.

DATE AND TIME SERVED UPON INMATE X NAME AND TITLE OF SERVER _____
FECHA HORA DADO AL RECLUSO _____ NOMBRE Y TÍTULO DEL QUE ENTREGA _____

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Correctional Facility

INMATE MISBEHAVIOR REPORT ♦ INFORME DE MAL COMPORTAMIENTO DEL RECLUSO

1. NAME OF INMATE (Last, First) ♦ NOMBRE DEL RECLUSO (Apellido, Nombre) William, O		NO. ♦ NÚM. 13A5036	HOUSING LOCATION ♦ CELDA HBA-L19
2. LOCATION OF INCIDENT ♦ LUGAR DEL INCIDENTE HBA, L Gallery, cell # 19		INCIDENT DATE ♦ FECHA March 02, 2019	INCIDENT TIME ♦ HORA 6:10 AM
3. RULE VIOLATION(S) ♦ VIOLACIONES 112.21 Count Procedure Violation 107.10 Interference with Employer			
4. DESCRIPTION OF INCIDENT ♦ DESCRIPCIÓN DEL INCIDENTE At approximately 5:55 Am HBA DIC made an announcement via loud speaker notifying inmates that there were five minutes until the standing count. At approximately 6:00 Am HBA DIC rang the housing block bell and proceeded to make another announcement via loud speaker that the standing count was currently in progress. Inmates were directed to turn on cell lights, turn off radios and televisions, and to stand approximately 2 feet away from their cell doors. I proceeded to begin my rounds to complete my count. I came upon Inmate William in cell L-19. Inmate was not standing for Facility Count. At this time, I stopped my count and notified inmate that the standing count was in progress and gave a direct order for him to comply with facility count procedures and stand. Inmate moved but did not comply. I continued my count and no further incident occurred. RCD by CO A. Hauril 3/3/19 1200 PM			
REPORT DATE ♦ FECHA 03/02/19	REPORTED BY ♦ NOMBRE DE LA PERSONA QUE HACE EL INFORME R. Antoine	SIGNATURE ♦ FIRMA R. Antoine	TITLE ♦ TÍTULO CO
5. ENDORSEMENTS OF OTHER EMPLOYEE WITNESSES (if any) SIGNATURES: ENDOSOS DE OTROS EMPLEADOS TESTIGOS (si hay) FIRMAS: 1. _____ 2. _____ 3. _____			

NOTE: Fold back Page 2 on dotted line before completing below.

DATE AND TIME SERVED UPON INMATE _____ X NAME AND TITLE OF SERVER _____
FECHA HORA DADO AL RECLUSO _____ NOMBRE Y TÍTULO DEL QUE ENTREGA _____

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Corrections and Community Supervision

ANDREW M. CUOMO
Governor

ANTHONY J. ANNUCCI
Acting Commissioner

May 13, 2020

Mr. Ozan Williams
13A5036
Otisville Correctional Facility
57 Sanitorium Road
Otisville, NY 10963-0008

Dear Mr. Williams:

This is in reference to your recent correspondence regarding a misbehavior report.

Directive #4040 provides inmates with an orderly, fair, simple and expeditious method of resolving grievances pursuant to the Correction Law and makes no provision for an inmate to refer grievances directly to Central Office. Grievances should be submitted directly to the Inmate Grievance Program (IGP) office at your current facility.

Be advised all facts and circumstances surrounding your misbehavior report are reviewable during the disciplinary proceeding and upon appeal. The disciplinary and appeal processes are outlined in Directive #4932 - Chapter V, Standards Behavior & Allowances. The Inmate Grievance Program cannot be used as a secondary appeal mechanism.

You are advised to address all issues with the appropriate department in the facility for the most expeditious means of resolution.

Sincerely,

A handwritten signature in cursive script that reads "Anne Marie McGrath".

Anne Marie McGrath
Deputy Commissioner

cc: Superintendent - Otisville C.F.
Office of Special Housing
Inmate File
Reference # 20200429-141841-SEW



Corrections and Community Sup

ANDREW M. CUOMO
Governor

ANTHONY J. ANNUCCI
Acting Commissioner

To: WILLIAMS, O. DIN: 13A5036 CELL 24-2C-27B

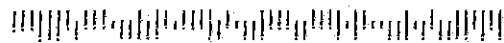
From: A. Stevenson, Deputy Superintendent of Programs

Re: Misbehavior Report

Date: May 4, 2020

Mr. Williams,

I am in receipt of your letter regarding a Tier II misbehavior report you would like removed from your record. Unfortunately, there is nothing that can be done on my end. You went through the proper appeal process with the Superintendent/Designee and that decision was affirmed. There is no avenue above that for a Tier II appeal.



Mr. Ozan Williams
D.I.N. 13A5036
Otisville Correction Facility
57 Sanitorium Road
P.O., Box 8
Otisville New York 10963

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09/14/2020

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NEW YORK SOUTHERN DISTRICT COURT
500 PEARL STREET
DANIEL PATRICK MOYNIHAN U.S. COURTHOUSE
500 PEARL STREET
NEW YORK, N.Y. 10007-1312